

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2012.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Earthquake</u> | <u>\$ 1,019,301</u> | <u>+30.0%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory

Eliminating the 5% deductible option, and increasing base rates.

Offering two new deductibles 20% and 25%

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Grinnell Mutual Reinsurance Company
Name of Company

Ryan Schave - Actuary
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective New 8/7/2011, Renewal 9/12/2011

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Executive Umbrella</u> | <u>\$2,330,812</u> | <u>4.3% (estimate)</u> |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, applies to all territories.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Executive Umbrella rate revision.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Auto-Owners Insurance Company

Name of Company

Jennifer Smith, Manager, Work Comp, Life and other Liability Actuarial

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective New 8/7/2011, Renewal 9/12/2011

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Executive Umbrella</u> | <u>\$1,136,353</u> | <u>4.4% (estimate)</u> |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, applies to all territories.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Executive Umbrella rate revision.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Owners Insurance Company

Name of Company

Jennifer Smith, Manager, Work Comp, Life and Other Liability Actuarial

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 12/01/2011.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | 0.0 |
| | Commercial | | 0.0 |
| 2. | Automobile Physical Damag Private Passenger | | 0.0 |
| | Commercial | | 0.0 |
| 3. | Liability Other Than Auto | | 0.0 |
| 4. | Burglary and Theft | | 0.0 |
| 5. | Glass | | 0.0 |
| 6. | Fidelity | | 0.0 |
| 7. | Surety | | 0.0 |
| 8. | Boiler and Machinery | | 0.0 |
| 9. | Fire | | 0.0 |
| 10. | Extended Coverage | | 0.0 |
| 11. | Inland Marine | | 0.0 |
| 12. | Homeowners | | 0.0 |
| 13. | Commercial Multi-Peril | | 0.0 |
| 14. | Crop Hail | | 0.0 |
| 15. | Other Farm and Ranch | 961,032 | 8.1% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify:

Filing applies to the entire state of Illinois and all classes.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Revised rates include: Dwellings, Outbuildings,

Farm Personal Property and Liability.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Meridian Citizens Mutual Insurance

Name of Company

Kris Kirby - Product Specialist II - Farm

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 09/01/2011.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Manufactured Home | \$356,942 | +1.2% overall rate impact |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): We have revised our base rates and added premium
modifiers.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Foremost Insurance Company Grand Rapids, MI

Name of Company

David J. Kelly, Assistant Vice-President, State Filings

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 09/01/2011.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Manufactured Home | \$356,942 | +1.2% overall rate impact |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): We have revised our base rates and added premium
modifiers.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Foremost Insurance Company Grand Rapids, MI

Name of Company

David J. Kelly, Assistant Vice-President, State Filings

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 01/01/2012.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Telecommunications | 53976 | +7.1% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: Applies to our Telecommunications Program only.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We have amended the minimum/maximum premiums fo
for Property Enhancement CW 24 88, and added a premium charge for additional locations.
We will now be charging for Liability Enhancement CW 18 05

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Continental Western Insurance Company

Name of Company

Teresa Wineland - Sr. Research/Statistical Analyst

Official - Title